

**Client Information**

**Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone 1** \_\_\_\_\_ **Phone 2** \_\_\_\_\_

**e-mail** \_\_\_\_\_

**Referred by** \_\_\_\_\_

**Other contact** \_\_\_\_\_

**Phone 1** \_\_\_\_\_ **Phone 2** \_\_\_\_\_

**Relocation  
Site** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Key Contact** \_\_\_\_\_

**HISTORY:**

**Home** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health** \_\_\_\_\_  
\_\_\_\_\_

**Benefits of  
Relocation** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **CRTS Services Required**

### Home Organization Services

- ☐ New Residence Floor Plan
- ☐ Organizing
- ☐ Digital Inventory
- ☐ Allocation Of Possessions
- ☐ Shipping
- ☐ Item Appraisals
- ☐ Estate Sale
- ☐ Donations
- ☐ Document Shredding
- ☐ Junk Removal
- ☐ Dumpster
- ☐ Hazardous Waste Removal
- ☐ Other

### Home Sale Services

- ☐ Realtor Referral
- ☐ Staging Consult
- ☐ Home Repairs/Contractor
- ☐ Home Appraisal
- ☐ Other

### Moving Services

- ☐ Moving Calendar
- ☐ Utilities Transfer
- ☐ Pet Transfer
- ☐ Packing
- ☐ Interview/Supervise Movers
- ☐ Storage
- ☐ Other

### Move In Services

- ☐ Unpacking
- ☐ Furniture Placement/"Rightsizing"
- ☐ Address Change
- ☐ Other

### Age In Place Services

- ☐ Barrier Free Design
- ☐ Rightsizing
- ☐ Organizing

### Professional referrals

- ☐ Resource List

**Transition Goals/Agreement**

The client needs  
to:

\_\_\_\_\_

By:

\_\_\_\_\_

The client wants  
to:

\_\_\_\_\_

By:

\_\_\_\_\_

To achieve this, we will:

1.

\_\_\_\_\_

2.

\_\_\_\_\_

3.

\_\_\_\_\_

4.

\_\_\_\_\_

5. Evaluate Progress

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CRTS \_\_\_\_\_ Date \_\_\_\_\_

Client \_\_\_\_\_ Date \_\_\_\_\_

| Date                    |  | Transition Timeline & Notes |
|-------------------------|--|-----------------------------|
| Client Names            |  |                             |
| Consultation Date       |  |                             |
| Proposal Date           |  |                             |
| Home Inventory          |  |                             |
| Floor Plan              |  |                             |
| Home on Market          |  |                             |
| Closing Date            |  |                             |
| Pack Non-moved<br>Items |  |                             |
| Ship Items              |  |                             |
| Removal to Storage      |  |                             |
| Estate Sale             |  |                             |
| Items to Charity        |  |                             |
| Items to Consignment    |  |                             |
| Consignment Exp         |  |                             |
| Moving Day              |  |                             |
| Staging Work            |  |                             |
| Contractor Work         |  |                             |
| Home on Market          |  |                             |
| Closing Date            |  |                             |
| Complete Move-In        |  |                             |

## Contacts

Name \_\_\_\_\_ Relation/Title \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

## Family Members

[illegible]

Friends/Neighbors

[illegible]

**Professional Services**

|          |                    |
|----------|--------------------|
| Service  | _____              |
| Contact  | _____              |
| Phone    | _____ e-mail _____ |
| Call Log | _____              |
| Comments | _____<br>_____     |

|          |                    |
|----------|--------------------|
| Service  | _____              |
| Contact  | _____              |
| Phone    | _____ e-mail _____ |
| Call Log | _____              |
| Comments | _____<br>_____     |

|          |                    |
|----------|--------------------|
| Service  | _____              |
| Contact  | _____              |
| Phone    | _____ e-mail _____ |
| Call Log | _____              |
| Comments | _____<br>_____     |

|          |                    |
|----------|--------------------|
| Service  | _____              |
| Contact  | _____              |
| Phone    | _____ e-mail _____ |
| Call Log | _____              |
| Comments | _____<br>_____     |

## SUPPLIES

Job Name

Job Number

[illegible]

HOURS

Job Name

Job Number

[illegible]